

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

10/508923

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		1				
6		1				
7	1					
8		1				
9	1					
10	1					
11		2				
12	1					
13	1					
14	1					
15	1					
16		3				
17		3				
18	1	3				
19		3				
20	3	3				
21		1				
22	1	1				
23		1				
24	1	1				
25		1				
26	1	1				
27		1				
28	1	1				
29		1				
30	1	1				
31		1				
32	2	1				
33	1					
34	1					
35	1					
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50						
TOTAL IND. 16						
TOTAL DEP. 33						
TOTAL CLAIMS 49						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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